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Didenti of Vi	BOARD OF HEALTH State File No. 331
1. PLACE OF BIRTH	TFICATE OF BIRTH Registered No. / 17
County wavesfe	State
District or Township	or Village
Gity Glendall	St., Ward
2. Full name of child Riesard 19	hospital or institution, give its NAME instead of street and number) Crowdsources If child is not yet named, make supplemental report, as directed.
Sex of Child To be answered ONLY in event of plural births. 4. Twin, triplet or oth 5. No., in order of births.	of birth 100.8 1930
8. T GO FATHER	14. MOTHER
Full name William Hershbower	Full maiden name Sarah Monte
9. Residence (Usual place of abode)	15. Residence (Usual place of abode)
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race 11. Age at last birthday(Years)	16. Color or race 17. Age at last birthday 23 (Years)
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country)	(State or country)
13. Occupation Mail Carrier	19. Occupation Nature of Industry
Nature of Industry	
(Taken as of time of birth of child herein (b) Born ali	ve and now living 21. Were precautions taken against oph- thalmia neonatorum;
CERTIFICATE OF ATTEND	ING PHYSICIAN/OR'MIDWIFE .
I hereby certify that I attended the birth of this child, who was	(Born alive or stillborn)
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	J. M. Mearson
shows other evidence of life after birth.	(Physician or midwife.)
Given name added from a supplementl report	Mendale
Month, day, year	12-5: 10 30 Sam R Holdenan
Registrar.	Registrar.
980-1108 -	546°

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